



CAMP SAFE KIDS & TEEN Application

7396 Rivers Avenue, N. Charleston, SC 29406

Gold
Transparency
2025

Candid.

Registration Form for children ages 4 – 12 attending Adventure Summer Camp SAFE Kids Program and children ages 13 attending Adventure Summer Camp SAFE Teen Program. Hours of operation are 7:00 am to 5:00 pm Monday – Friday.

All children registering for this program must be potty-trained, and their immunization records must be up to date

I hereby voluntarily and without compensation authorize the Four Rivers Outreach Community Development Corporation to produce photographs, movies, videotapes, audio-tapes, and PowerPoint Presentations of the below-named student. This authorization is given on the condition that the materials taken or produced will be used for the purpose of community education or program promotion. I understand that Four Rivers Outreach Community Development Corporation and its employees will not use these materials for personal or professional gain.

Child Information

Information pertaining to child being registered for the program

Name of Child (last, first, middle initial) _____

Birthdate of Child (Required): _____

Age of Child: _____

T-shirt Size: ☐ Youth Xtra Lrge ☐ Youth Lrge ☐ Youth Md ☐ Youth Sm ☐ Adult Sm ☐ Adult Md

Responsible Party

Information of the primary person responsible for payment

Person Responsible for Payment (Required): _____

Person listed here has financial responsibility for the account of the child listed above in our Camp SAFE program.

Address: _____

Street: _____

Address Line 2: _____

City, State, Zip: _____

Phone (Required): (____) _____

Phone number where you can be reached in an emergency.

Email Address (Required): _____

Email address of person responsible for payment.

Emergency Contact Information

Persons to be contacted if case of an emergency

First Choice Contact Name (Required): _____

Phone (Required): _ (____) _____

Relationship to Child (Required):

(Select only one option)

- | | | | |
|--------------------------------------|--|---|---|
| <input type="checkbox"/> Aunt/Uncle | <input type="checkbox"/> Family Friend | <input type="checkbox"/> Parent (out of home) | <input type="checkbox"/> Deacon/Deaconess |
| <input type="checkbox"/> Grandparent | <input type="checkbox"/> Step-parent | <input type="checkbox"/> Neighbor | |

Authorized for Pickup (Required): *(Select only one option)* ☐ No ☐ Yes

Driver's License Number (Required): _____

Second Choice Contact Name (Required): _____

Phone (Required): _____ (_____) _____

Relationship to Child (Required):
(Select only one option)

- ☐ Aunt/Uncle ☐ Family Friend ☐ Parent (out of home) ☐ Deacon/Deaconess
☐ Grandparent ☐ Step-parent ☐ neighbor

Authorized for Pickup (Required): *(Select only one option)* ☐ No ☐ Yes

Driver's License Number : _____

Medical Information

Please answer all questions regarding the child being registered. All answers are strictly confidential.

Name of Physician (Required): _____
Physician that you want called in case of a medical emergency

Physician's Number (Required): (_____) _____ - _____

Allergies (Required - Select at least one option if answer is "Yes"): ☐ No ☐ Yes

☐ Milk ☐ Nuts ☐ Grass ☐ Cheese ☐ Other

If Other, please explain: _____

Behavior Issues (Required): *(Select only one option)*

Please answer 'Yes' if your child has to take medication(s) to modify (control) his/her behavior.

☐ Yes ☐ No

Continuance of Medication (Required):

(Select only one option)

If your child takes medication to modify his/her behavior during the school year; please indicate whether he/she will continue doing so during the summer months.

☐ Yes ☐ No

Additional Medical Information:

If applicable, please indicate all additional medical information that our staff should be aware of so that we can best serve the interest of your child.

Fees

Fees required to complete Registration

Registration Fee (Required): \$40.00 due on receipt of application. Starting March 2, 2026 registration fee is \$45.00.

Weekly fee (Required) is \$125 for all ages 4 to 13. Hours of operation are 7:00 a.m. to 5:00 p.m., Monday through Friday. Children picked up after 5:00 pm will be charged an additional fee of \$1:00 for every minute late.

A \$5.00 discount on weekly fees will be applied to all charges for those clients who enroll in the Automatic Bank Draft Authorization (complete application below). Bank drafts can be remitted weekly or Bi-weekly (every two weeks) for the upcoming week(s) of the program.

Activity Fee (Required): will vary depending on the type of activities that occur each week. These fees will be advertised in advance of all weekly activities.

Signature (Required): _____

By signing this document, I acknowledge that I have provided all the required information and paid all the necessary fees for my child's registration in the Adventure Summer Camp program. I further acknowledge and understand that all the initial fees, registration, and activity fees are non-refundable and non-transferable. I understand that these fees must be paid in full prior to my child being added to the enrollment roster

**Automatic Bank Draft Authorization (Optional)
e-Check Authorization Form**

Please complete and sign it, attach voided check or deposit slip.

Name: _____ **Phone Number:** _____
(first) (Last)

Address: _____

Name of Bank: _____

Name of Bank Account Holder: _____

Account Routing Number: _____ **Account Number:** _____

Or Credit Card number: _____ **Exp Date:** _____ **Security Code:** _____

I authorize Four Rivers Outreach Community Development Corporation to charge my:

- ☐ Checking account (attach voided check) ☐ Savings account (attach voided deposit slip)
☐ Credit Card

And remit payment for my weekly payment fees on a

- ☐ Bi-Weekly Basis (every two weeks) ☐ weekly basis

I understand a \$5.00 discount will be applied to weekly fees for enrolling in the automatic bank draft program. I also understand that I control my payments and if at any time I decide to discontinue this automatic payment plan, I will notify Four Rivers Outreach Community Development Corporation in writing.

Signature of authorized bank account holder: _____

Date: _____

If you have any questions, please email Info@FourRiversOutreach.org